Subject: Studies in the News: (November 15, 2008)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

Studies in the News (SITN): California Department of Mental is a service provided to the Department of Mental Health by the California State Library. This service features articles focusing on mental health issues. Prior lists can be viewed from the California State Library's Web site at California State Library - Studies in the News

How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided.
- **California State Employees** may contact the Information Resources and Government Publications (916-654-0206; cslinfo@library.ca.gov) with the SITN issue date and title of article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

The following are the Subject Headings included in this issue:

CHILDREN AND ADOLESCENT MENTAL HEALTH

Adopted Children with Special Health Care Needs: Characteristics, Health, and Health Care by Adoption Type. By Matthew D. Bramlett, National Center for Health Statistics, and Laura F. Radel, Office of the Assistant Secretary of Planning and Evaluation, U.S. Department of Health and Human Services. (The Department, Washington, D.C.) October 2008. 30 p.

["This research brief presents information on adopted children with special health care needs,1 using data from the 2005-2006 National Survey of Children with Special Health Care Needs (NS-CSHCN). The analysis takes advantage of questions in the NS-CSHCN that allow adopted children in the sample to be grouped and compared by adoption type, that is, foster care adoptions, international adoptions, and domestic adoptions through sources other than the public child welfare system (for convenience discussed below as "private domestic adoptions").

Findings provide a descriptive profile of adopted children with special health care needs (CSHCN); explore ways in which adopted CSHCN are similar to and different from other

CSHCN; and describe their health status, health conditions and health care access and utilization across adoption types. The analysis excludes adoptive families in which a biological parent also resides in the household, which are primarily step-parent adoptions. The data presented are nationally representative of adopted CSHCN. Because only CSHCN are included in the sample, however, results may not be generalized to adopted children overall."]

Full text at: http://aspe.hhs.gov/hsp/08/CSHCN/rb.pdf

Mental Health Service Use among Youths Aged 12-17: 2005-2006. By U.S. Department of Health and Human Services. The National Survey on Drug Use and Health (NSDUH) Report. (The Department, Rockville, Maryland) September 25, 2008. 4 p.

["Mental health services for children and youths are provided in a variety of settings, including specialty mental health service settings, such as community mental health centers, as well as nonspecialty settings, such as schools[1] and general medical practice settings.[2] For youths, nonspecialty settings, particularly schools, may be especially important in accessing mental health services. As a result, many leading youth mental health service delivery models call for the coordination of care provided in specialty and nonspecialty settings and adopting a "no wrong door" approach to accessing mental health services. This report examines data on youth mental health service utilization from the 2005 and 2006 National Surveys on Drug Use and Health (NSDUH), applying the categories for specialty and nonspecialty settings commonly used in the youth mental health services literature."]

Full text at: http://oas.samhsa.gov/2k8/MHyouthTX/MHyouthTX.pdf

"School Violence: Bullying Behaviors and the Psychosocial School Environment in Middle Schools." By Nancy Meyer-Adams, California State University, Long Beach, and Bradley T. Conner, Temple University. IN: Children and Schools, vol. 30, no. 4 (October, 2008) pp. 211-221.

["The purpose of this study was to examine the relationships among a school's psychosocial environment and the prevalence and types of bullying behaviors that either lead to or result from that environment. More specifically, this study examined how the frequency of aggressive behaviors (for example, bullying) experienced by students (as perpetrators and as victims) contributed to their interpretation of their school's psychosocial environment and how those environments affected the existence of ongoing aggressive and avoidance behaviors. The data for this study were archival, having originally been collected for a study of school culture, climate, and violence from the Philadelphia School District during the 1993-1994 school years. To understand the consequences of bullying in schools, the authors used structural equation modeling analyses to develop a theoretical model of predictive relationships among (1) students' perceptions of bullying behaviors and safety at school (2) the schools' psychosocial

environment as measured by students, and (3) the students' reactionary behavior to both (1) and (2). Direct practice applications for school social work practice are discussed." **NOTE: This journal is available for loan or a hard copy can be obtained from the California State Library.]**

DISPARITIES

"Disparity in Depression Treatment among Racial and Ethnic Minority Populations in the United States." By Margarita Alegria, Harvard Medical School, and others. IN: Psychiatric Services, vol. 59, no. 11 (November 2008) pp. 1264-1272.

["Prior research on racial and ethnic disparities in depression treatment has been limited by the scarcity of national samples that include an array of diagnostic and quality indicators and substantial numbers of non–English-speaking individuals from minority groups. Using nationally representative data for 8,762 persons, the authors evaluated differences in access to and quality of depression treatments between patients in racial-ethnic minority groups and non-Latino white patients.

Access to mental health care was assessed by past-year receipt of any mental health treatment. Adequate treatment for acute depression was defined as four or more specialty or general health provider visits in the past year plus antidepressant use for 30 days or more or eight or more specialty mental health provider visits lasting at least 30 minutes, with no antidepressant use. *Results:* For persons with past-year depressive disorder, 63.7% of Latinos, 68.7% of Asians, and 58.8% of African Americans, compared with 40.2% of non-Latino whites, did not access any past-year mental health treatment (significantly different at $p<.001$). Disparities in the likelihood of both having access to and receiving adequate care for depression were significantly different for Asians and African Americans in contrast to non-Latino whites.

Simply relying on present health care systems without consideration of the unique barriers to quality care that ethnic and racial minority populations face is unlikely to affect the pattern of disparities observed. Populations reluctant to visit a clinic for depression care may have correctly anticipated the limited quality of usual care."]

Full text at: http://ps.psychiatryonline.org/cgi/reprint/59/11/1264

"Race-Ethnicity and Diagnosis as Predictors of Outpatient Service Use among Treatment Initiators." By A. Rani Elwy, Department of Veteran Affairs, and others. IN: Psychiatric Services, vol. 59, no. 11 (November 2008) pp.1285-1291.

["This study examined the relationship between race-ethnicity, psychiatric and substance abuse symptoms and diagnoses, and number of outpatient visits for mental health or substance abuse problems in the two months after intake. Data were examined from clients who had an initial intake visit at one of 12 outpatient mental health or substance abuse treatment sites in each of the four U.S. census regions. *Methods:* The sample

included 1,899 patients with a new intake to outpatient mental health or substance abuse programs between May 2001 and June 2002. Demographic characteristics and symptom and problem difficulty, including alcohol or drug use, were assessed at intake with the revised 24- item Behavior and Symptom Identification Scale (BASIS-24) as part of a continuous quality improvement program. *DSM-IV* diagnoses and number of outpatient visits in the two-month period after intake were extracted from medical records or administrative database.

Diagnoses were available for 1,807 patients. Non-Latino black clients and Latino clients reported worse symptoms of psychiatric disorders and substance use disorders at intake than non-Latino white clients, but race-ethnicity was not associated with the number of outpatient visits. Having a diagnosis of a substance use disorder, alone or with another mental disorder, and baseline symptom severity were associated with a greater number of outpatient treatment visits in the two months after intake. *Conclusions:* This study did not find racial or ethnic disparities in service use among clients who had already initiated outpatient mental health or substance abuse treatment. These findings suggest that racial and ethnic disparities in mental health care may be due to treatment seeking rates, that more emphasis should be placed on ensuring that treatment is available and accessible, and that those who need treatment are activated to initiate it."]

Full text at: http://ps.psychiatryonline.org/cgi/reprint/59/11/1285

EARLY INTERVENTION

"Expanding the Boundaries of Early Intervention for Psychosis: Intervening During the Prodrome." By Andrea Auther and others, Zucker Hillside Hospital. IN: Psychiatric Annals, vol. 38, no. 8 (August 2008) pp. 528-537.

["The article discusses the prodome of schizophrenia, identifying and evaluating the signs and symptoms of psychosis and early intervention (EI) during this stage. The prodomal phase has been the subject of research due to the potential of EI at this stage to delay or even prevent the onset of psychosis. The authors say that the late teens and early 20s are the ages of highest risk for the development of psychosis and identifying such persons is the first step toward prevention. A table of prodomal symptoms and questions to identify them are provided."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=33768038&site=ehost-live

POLICIES AND PROCEDURES

"Not-for-Profit Advocacy: Challenging Policy Images and Pursuing Policy Change." By Shannon K. Vaughan, Appalachian State University, and Shelley Arsneault,

California State University, Fullerton. IN: Review of Policy Research, vol. 25, no. 5 (September 2008) pp. 411-428.

["The not-for-profit sector has long played an important role in the policy process through encouraging political engagement, policy research and advocacy, and service delivery. This paper examines two not-for-profit organizations, National Children's Alliance and National Alliance on Mental Illness, both of which are grassroots organizations formed to radically change public and professional perceptions of their respective issues and reform the way services are offered to those in need. Borrowing from the literature on policy image and agenda setting, we identify the strategies used by these two highly successful not-for-profit groups in their efforts to change the system through redefining problems, reframing issues, and securing legislation with the help of policy entrepreneurs and politicians sympathetic to their causes."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34137196&site=ehost-live

"Transforming Mental Health and Substance Abuse Data Systems in the United States." By Rosanna M. Coffey, Thomson Reuters, and others. IN: Psychiatric Services, vol. 59, no. 11 (November 2008) pp. 1257-1263.

["State efforts to improve mental health and substance abuse service systems cannot overlook the fragmented data systems that reinforce the historical separateness of systems of care. These separate systems have discrete approaches to treatment, and there are distinct funding streams for state mental health, substance abuse, and Medicaid agencies. Transforming mental health and substance abuse services in the United States depends on resolving issues that underlie separate treatment systems— access barriers, uneven quality, disjointed coordination, and information silos across agencies and providers.

This article discusses one aspect of transformation—the need for interoperable information systems. It describes current federal and state initiatives for improving data interoperability and the special issue of confidentiality associated with mental health and substance abuse treatment data. Some achievable steps for states to consider in reforming their behavioral health data systems are outlined. The steps include collecting encounter-level data; using coding that is compliant with the Health Insurance Portability and Accountability Act, including national provider identifiers; forging linkages with other state data systems and developing unique client identifiers among systems; investing in flexible and adaptable data systems and business processes; and finding innovative solutions to the difficult confidentiality restrictions on use of behavioral health data. Changing data systems will not in itself transform the delivery of care; however, it will enable agencies to exchange information about shared clients, to understand coordination problems better, and to track successes and failures of policy decisions."]

Full text at: http://ps.psychiatryonline.org/cgi/reprint/59/11/1257

STIGMA

"Depression and the Elder Person: The Enigma of Misconceptions, Stigma, and Treatment." By Mary Banek-Higgins, California State University, San Bernardino, and others. IN: Journal of Mental Health Counseling, vol. 30, no. 4 (October 2008) pp.283-296.

It is estimated that half of the 35 million people in the United States who are over the age of 65 are in need of ***mental health*** services, though fewer than 20% are actually being treated (Comer, 2004). Coexisting ***mental*** and physical problems make recognition of depression in elder persons more difficult because presenting symptoms of depression are often masked by physical problems. In addition, most elder people who have depression never seek or obtain treatment because of the commonly held myth that depression is a normal part of the aging process and that elder people cannot benefit from psychotherapy. The purpose of this article is to survey these issues as they relate to ***mental health*** counseling.

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34923392&site=ehost-live

"Discrimination in health care against people with mental illness." By Graham Thornicroft, King's College London, and others. IN: International Review of Psychiatry, vol. 19, no. 2 (April 2007) pp. 113-122.

["This paper discusses factors associated with low rates of help-seeking and poorer quality of physical healthcare among people with mental illnesses. Evidence is reviewed on the associations between low rates of mental health literacy, negative attitudes towards people with mental illness, and reluctance to seek help by people who consider that they may have a mental disorder. People with mental illness often report encountering negative attitudes among mental health staff about their prognosis, associated in part with 'physician bias'. 'Diagnostic overshadowing' appears to be common in general health care settings, meaning the misattribution of physical illness signs and symptoms to concurrent mental disorders, leading to under diagnosis and mistreatment of the physical conditions."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=24905217&site=ehost-live

"Experiences of stigma among people with severe mental illness. Reliability, acceptability and construct validity of the Swedish versions of two stigma scales measuring devaluation/discrimination and rejection experiences." By Tommy Bjorkman, and others, Lund University, Lund, Sweden. IN: Nordic Journal of Psychiatry, vol. 61, no. 5 (October 2007) pp. 332-338

["Stigma has been identified as one of the most important obstacles for a successful integration of people with mental illness into the society. Research about stigma has shown negative attitudes among the public towards people with mental illness. Studies so far have, however, put little emphasis on how these negative attitudes are perceived by the mentally ill persons. The aim of the present study was to investigate acceptability and internal consistency of the Swedish versions of two stigma scales, the Devaluation and Discrimination scale and the Rejection experiences scale. Forty individuals were subject to an interview, which also comprised assessments of needs for care, quality of life, therapeutic relationship and empowerment. The results showed that both the Devaluation and Discrimination scale and the Rejection experiences scale had a good internal consistency and acceptability. Stigma in terms of perceived devaluation and discrimination was found to be most markedly associated with empowerment and rejection experiences was found to be most associated with the number of previous psychiatric admissions. It is concluded that the Swedish versions of the Devaluation and Discrimination scale and the Rejection experiences scale may well be used in further studies of stigma among people with mental illness."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27395183&site=ehost-live

SUICIDE PREVENTION

"Violence and Drug Use in Rural Teens: National Prevalence Estimates from the 2003 Youth Risk Behavior Survey." By Andrew O. Johnson, Armstrong Atlantic State University, and others. IN: Journal of School Health, vol. 78, no. 10 (October 2008) pp. 554-561.

["Objectives: The purpose of this study was to compare national estimates of drug use and exposure to violence between rural and urban teens. Methods: Twenty-eight dependent variables from the 2003 Youth Risk Behavior Survey were used to compare violent activities, victimization, suicidal behavior, tobacco use, alcohol use, and illegal drug use across rural, urban, and suburban teens across the country. Results: Overall, rural teens were equally or more likely than both suburban and urban teens to report experiencing many measures of violent behavior, victimization, suicide behaviors, and drug use. Among all teens, nonwhites reported equal or higher rates of violent behavior and victimization than whites, but these associations disappeared within the rural-only population. Conclusions: Rural areas do not appear to provide a strongly protective effect against risk behaviors in teens and may be a risk factor in itself. Community prevention

efforts should focus on reaching rural areas and segmenting program content based on need. Where white teens might benefit from an emphasis on preventing tobacco and alcohol use, nonwhite teens would benefit from an emphasis on preventing violence and victimization."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34375829&site=ehost-live

"What do Suicide Survivors tell us they need? Results of a Pilot Study." By Jannette M. McMenamy, Fitchburg State College, and others. IN: Suicide & Life Threatening Behavior, vol. 38, no. 4 (August 2008) pp. 375-389.

Few studies have examined the natural coping efforts used by suicide survivors, or have identified specific problems and needs survivors experience following the death of a significant other by suicide. In the present study, we used a newly developed needs assessment survey to examine four areas of natural coping efforts: practical, psychological, and social difficulties; formal and informal sources of support; resources utilized in healing; and barriers to finding support since the loss. Sixty-three adult survivors of suicide were recruited from suicide survivor conferences and support groups. Results indicate that participants experienced high levels of psychological distress since the suicide, including elevated symptoms of depression, guilt, anxiety, and trauma. Participants experienced substantial difficulties in the social arena (e.g., talking with others about the suicide). The majority of the sample viewed professional help as beneficial; although many informal sources of support were also valued (e.g., one-to-one contact with other survivors). Depression and a lack of information about where to find help served as barriers to help-seeking behaviors for our participants. Participants who reported higher levels of functional impairment were more likely to report higher levels of psychological distress, social isolation, and barriers to seeking help. Future research with a longitudinal and more inclusive sample is needed to build on these preliminary findings and to provide a solid foundation for evidenced-based interventions with survivors."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34435941&site=ehost-live

Youth Suicide Prevention. By Stanley Kutcher and Magdalena Szumilas, Dalhousie University, Halifax, Nova Scotia. IN: Canadian Medical Association Journal, vol. 178, no. 3, (January 2008) pp.282-285.

["Worldwide about 1 million people die every year by suicide. In Canada an estimated 3665 individuals commit suicide each year, about 500 of whom are 15–24 years old. The effects of youth suicide go beyond the victim, affecting the parents, friends and

communities of the deceased. Furthermore, youth who survive a suicide attempt continue to be at risk for completed suicide, violent death and poor psychological outcomes. Youth suicide elicits strong reactions from the public, policy-makers and health care providers and has recently been identified as a public health issue by national and provincial initiatives. Comparatively, Canadian youth suicide rates, which have decreased in the past decade, are higher than the rates in the United States, Australia and the United Kingdom and lower than the rate in New Zealand. However, there is substantial variability in regional rates across Canada. The rate of suicide attempts has remained fairly stable, with youth making up 25% of associated hospital admissions."]

Full text at: http://www.cmaj.ca/cgi/reprint/178/3/282

Related article: A Suicide Prevention Program in a Region with a Very High Suicide Rate. (2007)
Full text at: http://archpsyc.ama-assn.org/cgi/reprint/64/8/914

Related article: Suicide Prevention Strategies: A Systematic Review. (2005)
Full text at:
http://jama.ama-assn.org/cgi/reprint/294/16/2064

TRAUMA

"Depressive Symptoms after Trauma: Is Self-Esteem a Mediating Factor?" By Melissa David and others, University of Geneva, Geneva, Switzerland. IN: The Journal of Nervous and Mental Disease, vol. 196, no. 10 (October 2008) pp. 735-742.

["Traumatic events have predicted depressive symptoms. Despite this consensus, it remains unclear as to whether the relationship between trauma and depression is consistently mediated by a negative cognitive schema, such as low self-esteem, or whether trauma influences mood independently of low self-esteem. This study tested these relationships while considering depressive symptom types. One hundred thirty-two students reported the number of traumatic events experienced and self-esteem and depression levels. Results indicated 2 depressive symptom types: "cognitive-affective" and "somatic". Structural Equation Modeling tested an unmediated path from trauma to depressive symptoms and a path mediated by self-esteem. Results supported the unmediated relationship between trauma and "cognitive-affective" depressive symptoms, and did not support mediation by self-esteem. Findings are discussed in view of a dimensional rather than categorical approach to depression, and in consideration of alternative symptom clusters resulting from trauma in addition to those captured by posttraumatic stress disorder." **NOTE: This journal is available for loan or a hard copy can be obtained from the California State Library.]**

NEW WEBINAR (NOVEMBER 19, 2008)

Join a Webinar: Improving Children's Healthy Development through Federal Policy Change NOV 19, 2008

Please join us on Wednesday, November 19, at 3 p.m., Eastern Time, **(12:00 pm, Pacific Time)** for a one-hour webinar, **"Improving Children's Healthy Development through Federal Policy Change."** This event is being cosponsored by The Commonwealth Fund, Voices for America's Children, First Focus, and the National Academy for State Health Policy (NASHP).

Charles Bruner, Ph.D., director of the Child and Family Policy Center and lead author of the new Commonwealth Fund issue brief, ***Improving Child Health Care through Federal Policy: an Emerging Opportunity***, will discuss the prospects for the 2007 federal legislative child health proposals under the new President and Congress. Alan Weil, J.D., executive director of NASHP, will offer the state perspective on federal children's health reform and Bruce Lesley, president of the advocacy organization First Focus, will discuss strategies for enacting federal well-child care reform. Commonwealth Fund vice president Ed Schor, M.D., head of the Child Health and Development Program, will moderate.

To register for this online event, please go to https://commonwealthfund.webex.com/commonwealthfund/onstage/g.php?d=555779863&t=a. There will be an approximately 20-minute question-and-answer session; you will be able to submit questions online.

NEWPODCASTS

Substance Abuse Treatment for Child Welfare Families: Part 1

Podcast or video:
http://www.uwtv.org/programs/displayevent.aspx?rID=25880&fID=1469